

DRAFT –Washington HBE Health Care Provider Directory Proposal and Response to Issuer Concerns

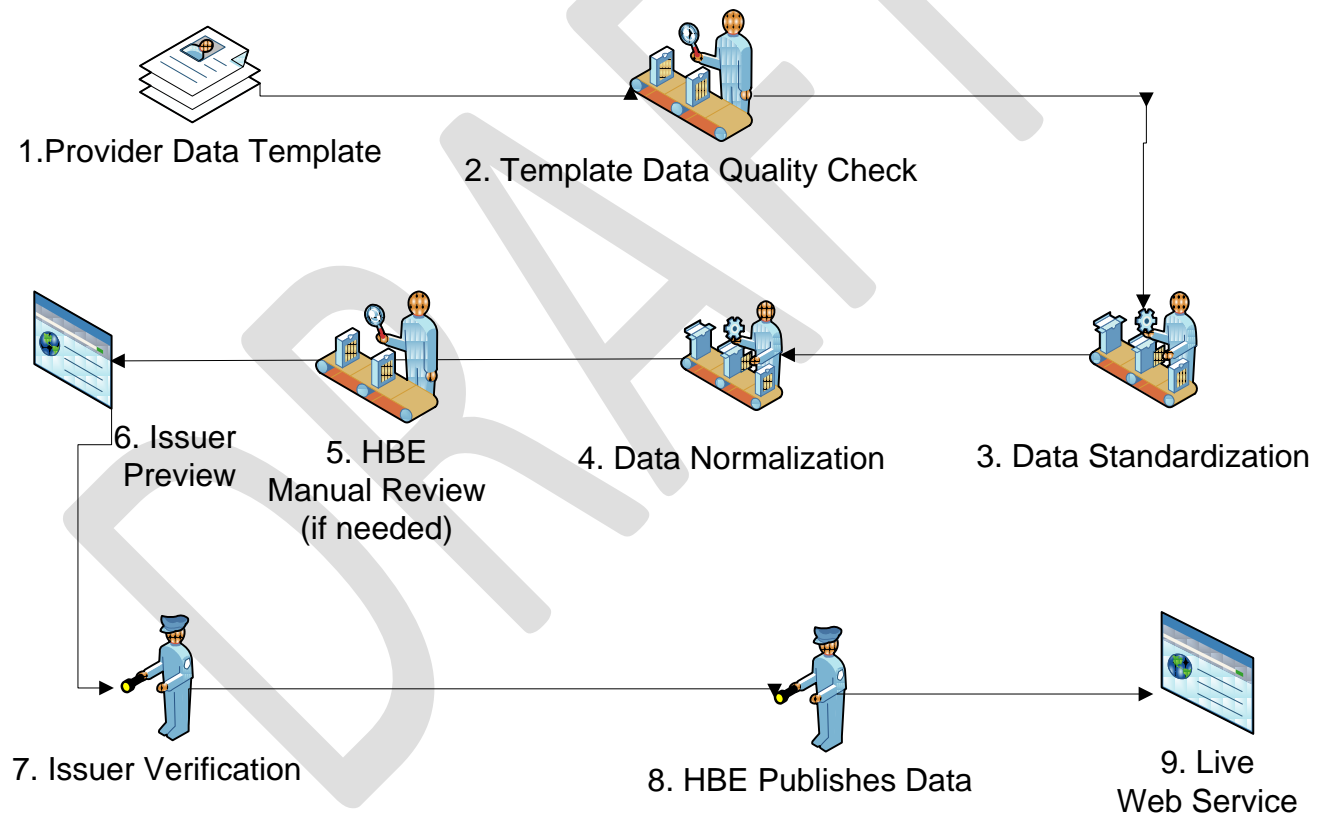
Proposal:

The Health Benefit Exchange (HBE) would like to allow consumers to shop by health care provider through a directory.

Why should the Exchange offer a Provider Directory?

Facilitates the shopping experience and attracts consumers to the Exchange.

9-step process to prepare a health care provider directory for the Exchange:



Description of each step:

1. The issuers can download a standardized “provider directory data template” from the system, and upload a populated copy with their data. During subsequent submissions, a full data set of the issuer’s health care provider directory is submitted each time and not just the changes to an issuer’s directory.
2. A quality check is performed on the issuer's data provided in templates. As an example, the file size should be roughly the same as a previously submitted data set. Also, the number of records for a *provider type* is compared with an issuer's previous data submission. If the change in the number of records is above 2%, then eHealth performs a further investigation with an issuer to confirm the size of the records for this provider type and resolve any problems.
3. Data standardization is performed to develop consistent use of data elements within a health care provider's data record. Data elements are standardized based on most formal name, acronyms and several agreed to standards/rules. For example, the gender of a provider may be submitted in different records as ‘M’ and ‘Male’. After data standardization, the gender will be standardized to ‘M’. As another example, if the education of a provider is submitted as “OSU” and “Ohio State University”, then after data standardization, the education will be set to “Ohio State University.”

	First_name	Middle_name	Last_name	Address	Suite	Degree	Gender	Education
Fallon	Aaron D		Foreman, Jr.	123 Main St.	#100	MD	M	Ohio State University
BCBSMA	Aaron	D.	Foreman	123 Main Street	100	Medical Doctor	Male	Ohio State Univ
CeltiCare	Aaron	D	Foreman	123 Main St., Suite 100		LPT	M	OSU

Standardization based on Most Formal Name, Acronyms, and several other agreed to standards/rules.

	First_name	Middle_name	Last_name	Address	Suite	Degree	Gender	Education
Fallon	Aaron D.		Foreman, Jr.	123 Main Street	#100	MD	M	Ohio State University
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Standardization is performed at this step, but the health care provider’s record is not ready for the directory until it is normalized.

4. After standardization of the data is performed, usually multiple instances of the same provider exists across issuers. Data normalization ensures that data sets from multiple issuers consistently represent a health care provider with a unique provider record. Testing has shown a 2% uncertainty level due to issuer data inconsistencies.

PVID	First_name	Middle_name	Last_name	Address	Suite	Degree	Gender	Education	Carriers
12345678	Aaron	D.	Foreman	123 Main Street	#100	MD	M	Ohio State University	BCBSMA, Fallon, CeltiCare

Standardization and normalization completed.

5. If needed, a manual review may be performed by HBE. For example, an issuer may submit records for the same hospital but with different locations within a block from each other. The HBE would then select an address that represents the hospital's main office.
6. The issuer previews the health care provider data on a nonproduction site. The preview functionality allows an issuer to observe how a consumer would search the data on the production web portal.
7. The issuer reviews that the provider data is valid and provides approval. HBE will provide each issuer with a report that summarizes changes in the data, and HBE and eHealth will work with issuers to answer questions and resolve concerns. The goal of this step is to achieve acceptance of the health care provider directory by each issuer and HBE.
8. HBE publishes the health care provider directory to the HBE web portal for use by consumers.
9. Consumers can conduct a provider search, and select a provider to filter QHPs. The search will initiate a call from the web portal to eHealth, and the updated data will be provided to the consumer.

Response to Issuer Concerns about Provider Directory:

Issuers graciously submitted their technical concerns about developing a health care provider directory. HBE staff would like the opportunity to discuss these initial responses at the July 17 Plan Management Workgroup meeting.

1. Name Consistency:

- a. Issuer Concern:
 1. There is often a lack of consistency for some providers with regard to their name - Tom Jones, Thomas Jones, T.L. Jones (Tom's initials). In some instances, it can easily be sorted out but in others with common names in larger urban areas, it can get dicey.
- b. HBE Response:
 1. After collecting provider directory information from issuers, the Exchange plans to standardize data elements within a provider's record and normalize how the record is displayed across different issuers. As part of this process, HBE will use business rules developed and implemented by eHealth and trained eHealth staff will view records and resolve problems. Only then are multiple provider records merged in a consistent fashion.
 2. The Exchange will match providers by first name, last name, and location (longitude and latitude) to normalize the provider's record across issuers. Furthermore, quality checks are completed to confirm the quality of the data.
- c. Question to Issuers:

1. Can you submit a national provider network ID for each health care provider? If so, HBE would use the ID to standardize the name of each health care provider.

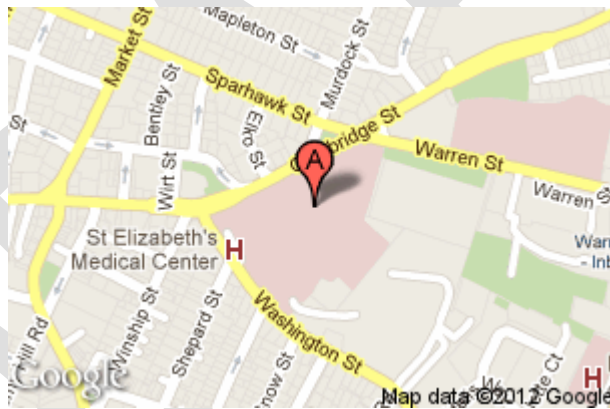
2. Location:

a. Issuer Concern:

1. Another common issue is site location. Some providers deliver services in more than one location, though an issuer may just contract with a provider in just one location. This can vary from issuer to issuer as providers are contracted to perform services in specific locations. How will a consumer know where he or she can receive services from a doctor?

b. HBE Response:

1. In the proposed HBE solution, each location where a provider performs services will be represented as a unique record in the HBE's directory. That record will display the issuers that have contracted for a doctor to perform services at that location. Each record will contain the typical information about that provider, e.g., name, education, and availability (whether the provider is accepting new patients). When displayed on Google maps, each location will correspond with a *pin*.



3. Contracted Services:

a. Issuer Concern:

1. Another issue is scope of services, or contracted services, performed by that health care provider (this is usually an issue with specialists). One issuer may contract with a provider to perform the full scope of care, while another issuer might contract with that provider for a limited set of services or treatments.

b. HBE Response:

1. HBE's proposed solution focuses on specialties: users can search for providers by "specialty." Scope of services for a provider is not captured and so is not used as a search criterion.
2. Specialty services are tied to a provider and to the provider's location. The proposed HBE solution can distinguish, for example, that a provider delivers cardiology and cardiothoracic surgery services in location A and only cardiology in location B. Then, a search for cardiology would return

two results and searching for cardiothoracic surgery would return one result. Further discussion is requested on this topic to better understand how contracted services are represented in your health care provider directories and determine if potential solutions exist.

4. Provider Groups versus Individual Providers:

a. Issuer Concern:

1. Group versus individual providers can create problems. If a provider is part of a group, one issuer may contract with that provider only, where as another may contract with that provider but, in this scenario, has allowance for other members of the group in question to provide services as well. Contracts with groups can work the same, where in some instances it is limited to one or a few providers in the group and in other instances the whole group.

b. HBE Response:

1. An issuer's health care provider directory designates which group a provider is associated with. The HBE solution focuses on a specific health care provider; the provider's record ties it to groups and locations.

The proposed HBE solution can treat the group as a different entity than an individual provider even if both are at the same location. Using the concept of Google pins, the solution treats an individual provider as a pin and a group as another pin. For example, Dr Joe Smith, a podiatrist is contracted with one issuer as a practitioner. Another issuer contracts with a group that uses the services of Dr. Joe Smith. If a consumer searches for a podiatrist, the result would return both Dr. Joe Smith and the name of the clinic where Dr. Joe Smith works.

The HBE's proposed solution can accommodate search by groups as well as practitioners as long as issuers have a similar definition of groups. For one issuer, a group may be a service location such as a clinic, whereas for another issuer, a group may be a billing organization. To utilize the search by group option, HBE would like to work with issuers to confirm that every issuer can use a common definition of a provider group, and HBE would propose that the group's service location become that common definition.